2013

Improvement Plan Report

Apalachicola, Florida 32320

Contributors
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PREPARED BY

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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Franklin County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Franklin County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Franklin County residents. The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process." A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Health Priorities and Recommendations

Franklin County community health partners identified three key issues – *Child Health, Chronic Disease*, and *Substance Abuse* - and developed recommendations and action steps. It is recommended the Community Health Action Plans be incorporated into the work of the Florida Department of Health in Franklin County, existing community groups, and health care partners.

Health Priority: Child Health

Goal: Improve child health in Franklin County.

Objective 1: Increase the number of unduplicated new dental patient count for Medicaid eligible children/adults from 19.8% (440) to 64% (722) by September 30, 2016.

Health Priority: Chronic Disease

Goal: Improve diagnosis of chronic disease in Franklin County.

Objective 1: Increase the diabetic screening of all residents from 83% to 86% by September 30, 2016.

Objective 2: Improve the percentage of undiagnosed hypertension among adults in Franklin County from 38.1% to 40% by September 30, 2016.

Health Priority: Substance Abuse

Goal: Reduce substance abuse for residents in Franklin County.

Objective: Reduce substance abuse indicators in Franklin County by 1% by 6/30/16.

Strategy 1: Implement a substance abuse evidence-based community outreach program for adults by June 30, 2016.

Strategy 2: Implement a substance abuse evidence-based community outreach program for youth by June 30, 2016.

INTRODUCTION

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Florida Department of Health in Franklin County, working with community health partners, initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The Florida Department of Health in Franklin County and community health partners met together for the purpose of evaluating the health status of Franklin County citizens in order to develop health improvement interventions. The goal of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Franklin County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
    - Community Health Status Assessment
    - Community Strength and Themes Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The ***Community Health Status Assessment*** provided a "snapshot in time" of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions. The Florida Department of Health in Franklin County conducted a Community Health Status Profile in 2011. Data from the 2010 U.S. Census, U.S. Bureau of Labor Statistics, and the Florida Department of Health,

Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the *Community Health Status Asses*sment. Major findings from the ***Community Health Status Assessment*** included:

- The population of 7,661 residents had an median wage of $28,544.
- Franklin County's population was 77.3% White and 25% Black/African American.
- The percent of adults with hypertension in Franklin County is higher than State-wide—particularly for those ages 18-44 (117% the State rate).
- The Franklin County rate of alcohol-related vehicle crash deaths is 455% the State rate.
- The percent of adult residents who smoke tobacco is 132.6% the State rate.
- Franklin County is in the 3rd Quartile State-wide for the incidence of child abuse, with a County rate higher than the State rate.
- Unintentional injuries are the cause of death with the greatest difference than State-wide, with a three year rate that is 163% the State-wide rate.
- Franklin County has a higher three-year rate, as compared to the state, for births to mothers ages 10 to 18 (15.8%) and mothers ages 15 to 19 (47.4%) per 1,000. In addition, births to unwed mothers are higher in Franklin County (58.5%) as compared to the state (47.3%).
- The teen birth rate is higher than State-wide, and places Franklin County in the 4th Quartile. The percent of women with adequate prenatal care is lower than State-wide, but Franklin County is still in the 1st and 2nd Quartiles.

- The incidence of low birth weight babies nearly doubled from 2008 to 2009, placing Franklin County in the 3rd Quartile.
- The County has 4,352 people with incomes under 200% FPL (low income)—35% of its population. Nearly 70% of children qualify for subsidized school lunches.
- The Medicaid enrollment per 100,000 population is only slightly higher than the State-wide rate, even though the poverty rate for children under age 18 is 75% higher than State-wide.

Community perceptions of the health care system are a critical part of the MAPP process. ***Community Themes and Strengths*** were assessed in July - August 2012 by 316 Franklin County residents who responded to an online or hard copy survey. Perceptions of the quality and accessibility of healthcare in Franklin County were assessed. Survey results indicated residents were concerned with:

- More/better doctors/specialists
- Affordable healthcare/insurance
- Low crime/safe neighborhoods
- Access to health care
- Good jobs and healthy economy

Community health partners participated in the ***Forces of Change Assessment*** workshop on September 2012 in order to identify what is occurring or might occur that impacts the health of the community and local public health system. Eight themes or issues, with corresponding sub-themes and threats, were identified:

- Education

- Access to health care
- Geriatric care
- Chronic disease
- Economic issues
- Clinical care
- Dangerous living
- Prenatal and child care

Data from the ***2012 County Health Rankings***, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were reviewed by community partners throughout the MAPP process. In addition, community health partners reviewed the ***10 Essential Public Health Services*** rankings from the ***Local Public Health Performance Standards Program.***

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Goals & Strategies

As part of the Franklin County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) a Strategic Priorities and Goals workshop was conducted on April 23, 2013. Sixteen community health partners participated in the workshop and identified four community health themes for Franklin County.

Franklin County Goals & Strategies Report

Background

As part of the "Mobilizing for Action through Planning and Partnerships" (MAPP) project in Franklin County, Quad R, LLC was contracted by the Florida Department of Health in Franklin County to facilitate the Goals and Strategies workshop on April 23, 2013. The purpose of this workshop was to identify health priorities which are impacting Franklin County residents and to develop goal statements and strategies for each priority.

A total of 16 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Franklin County. The list of participants can be found at the end of this report.

Methods

Approximately three weeks prior to the scheduled Goals and Strategies workshop, community health partners were contacted by e-mail from the Florida Department of Health in Franklin County regarding the date, time, and purpose of the workshop. At this time, community health partners were provided the agenda. The email and agenda are located at the end of the report.

The participants were welcomed to the workshop by the Florida Department of Health in Franklin County Administrator, Marsha Lindeman. Workshop participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Franklin County. This data included:

- Florida Department of Health CHARTS – Franklin County Health Status Summary (accessed April 15, 2013)

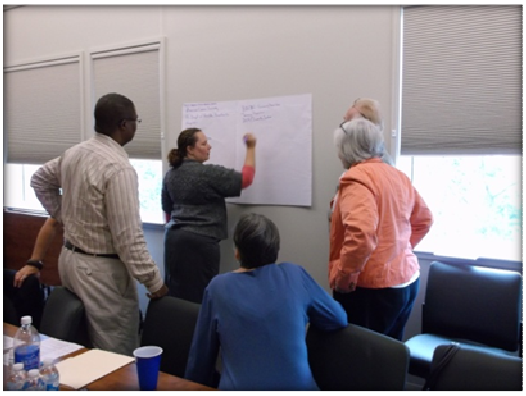
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)
- Florida Legislature, Office of Economic and Demographic Research – Franklin County Summary (accessed April 15, 2013)
- Franklin CHARTS Pregnancy & Young Child Profile (accessed April 15, 2013)
- Franklin CHARTS School-aged Child & Adolescent Profile (accessed April 15, 2013)
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Franklin County Summary
- Franklin County Quick Facts, US Census Report (accessed April 15, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Franklin County at a Glance
- Franklin County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

Participants reviewed the data individually and identified key health issues and/or needs for Franklin County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Franklin County.

Participants were then divided randomly into four groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each group worked collaboratively to cluster their issues and identify a label for the theme or category.

Workshop participants were re-assigned to one of three breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health issues. One group worked independently to create a list of the *Resources* available in Franklin County to address

community health issues and concerns. One group separately identified the *Barriers/Challenges* to impacting community health issues and concerns in Franklin County.



The groups working on the *Resources* and *Barriers/Challenges* were reminded to include people/agencies, process/laws, and place/location/events. In addition, the groups were to list local, county, regional, state, and federal items for each list. The two groups were also instructed to include attitudes, behaviors, and cultural items which served as either a *Resource* or *Barrier/Challenge*. The groups were reminded that an item could appear in both lists. The groups switched places and reviewed each other's work and added additional *Resources* or *Barriers/Challenges.* The final product is included at the end of this report.

Eight health issues were identified:

- Access to Healthcare
- Accidents
- Child Health
- Mental Health
- Poverty
- Prevention and Screening Awareness
- Substance Abuse
- Violence

Workshop participants were instructed to self-select into one of the eight health issues. Each group was to review the health issues represented by the sticky notes associated with that issue. Each group was tasked with to identifying two *Do-able* activities in order to change and/or impact the health issue in Franklin County. Groups were reminded to think about the *Resources* and *Barriers/Challenges* were identifying *Do-able* activities.

Once two activities were listed, each group moved to the next health issue, reviewed the sticky notes, discussed the *Do-able* activities listed, and identified two different *Do-able* activities. This process was repeated until each group had reviewed and added items to each of the eight health issues.

Next, workshop participants reviewed the *Do-able* activities on each of the eight health issues. Each group was instructed to reach consensus on the three most *Do-able* activities given the *Resources* and *Barriers/Challenges*, and place a "star" next to these activities on each chart.

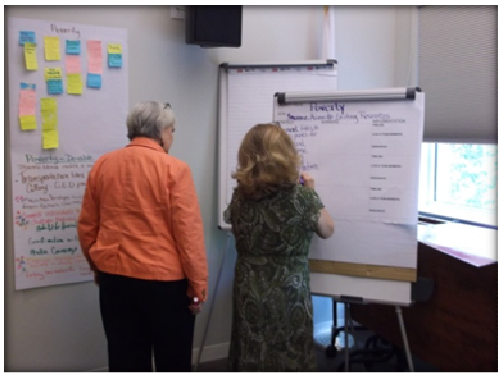
Once each group had selected the top three most *Do-able* activities on each of the eight health issues, the workshop participants were asked to review all the health issues a final time. The final task was to select the health issues that were most impacting the health of the Franklin County residents. Each group had three votes; they could use all three votes on one health issue, use two votes on one health issue and one vote on a different health issue, or use one vote on three different health issues. After each group reviewed and voted, six health issues were selected as a priority issue:

- Access to Healthcare
- Child Health
- Mental Health
- Poverty
- Prevention and Screening Awareness
- Substance Abuse

This work is presented at the end of the report.

After a short break for a working lunch and networking, workshop participants self-selected into one of the six health issues. The facilitator reviewed the key terms

associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once each workgroup had at least 2 strategies for the health issue, the participants reviewed the work for each issue. Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process (see Key terms and examples on the Agenda).



Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The goals and strategies developed during this workshop are found on the following pages.

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IDENTIFICATION OF GOALS & STRATEGIES

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Access to Heath	Franklin County will increase access to healthcare.	1. Establish online referral list to providers to allow referral similar to a "Craigslist" list for providers.	• Political barriers (territorial). • Lack of use (buy-in). • Ownership and management. • Advertisement/cost. • Lack of qualified medical professionals	**Timeline** 1 year **Lead & Team Members** Lead Heath Department Community providers AHEC **Resources** 211 directory Grant funding Health Department Provider staff
		2. Increase public transportation to include a bus system along 98 (Partnership with Gulf County) and Wakulla.	• $ Money. • Staff. • Language barriers. • Substance abuse. • Political barriers. • Lack of qualified medical professionals	**Timeline** 3 years **Lead & Team Members** Independent owners County Franklin's Promise Health providers Education **Resources** Grants Crooms Employers Local business

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Child Health	Franklin County will enhance in school abstinence (program) for high school students.	1. Seek on-going grant opportunities.	• Identifying grant writers. • Identify possible grants. • School. • Faith-based. • Parental permission.	**Timeline** **2 years** **Lead & Team Members** Sarah Hinds April Rester Vanessa Edenfield **Resources** Dr. Lois Catlin Franklin County Health Department Franklin County Schools
		2. Increase abstinence education thru parent/community outreach.	• Parental apathy. • Funding source. • Identifying at risk children and families. • Identifying host site.	**Timeline** 2 years **Lead & Team Members** School district officials Guidance counselors Franklin County Health Department **Resources** Local after School School programs Local media outlets

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Child Health (Continued)	Franklin County will enhance in school abstinence (program) for high school students.	3. Apply and implement fuel up to play.	• Local champion of program. • Grant writer.	**Timeline** 3 years **Lead & Team Members** School teacher School Board School grant writer **Resources** TBD

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Mental Health	Franklin County will increase the awareness of mental health services.	1. Increase education and outreach efforts about mental health services in Franklin County.	Education. Apathy. Resistance to change. Sense of hopelessness/stigma. Non-compliance with meds.	**Timeline** 2 years **Lead & Team Members** Apalachee Center Disc Village Local mental health providers Others in the helping profession **Resources** 211 Big Bend School system Media Big Bend Community Based Care Legal system
		2. Increase the availability of case management services to the residents of Franklin County. (More in-home services).	Funding. Limited providers. Transportation.	**Timeline** 1-2 years **Lead & Team Members** Apalachee Center Disc Village Department of Children and Families **Resources** Big Bend Community Based Care Early Learning School system Department of Juvenile Justice

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Poverty	Franklin County will increase access to existing resources.	1. Increase availability to and awareness of access points to insurance, food, and income.	• Resistance to change. • Minimal grass roots support by community. • Apathy. • Lack of available, trained resources with access to enroll and approve applications.	**Timeline** 2-3 years 24-16 months **Lead & Team Members** Kid Care Department of Children and Families Franklin's Promise Workforce All potential access points **Resources** Media County Commissioners Home visiting programs Department of Children and Families Dolt Crooms Schools Medical providers Faith communities Law makers
		2. Expand transportation services, awareness, and accessibility.	• Money. • See above. • Size of county (rural).	**Timeline** 3 years **Lead & Team Members** Media providers Schools All access points **Resources** Same as above Crooms Other transport company

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Poverty (Continued)	Franklin County will increase access to existing resources.	3. Increase trained resources with access to enroll and approve Medicaid and kid care.	• Connecting need with available resources and more enrollment specialists. • Poor screening of eligible clients.	**Timeline** 1 year **Lead & Team Members** **Weems** Department of Health Department of Children and Families Franklin Promise **Resources** Medicaid Kid Care Training and access

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Teen births and STD's (Prevention & Screening Awareness)	Franklin County will decrease teen birth rate (twice state rate).	1. Implement abstinence curriculum in Franklin schools.	• Concerned parents and faculty of nature of material. • Education is undervalued.	**Timeline** 3 years **Lead & Team Members** Department of Health in Franklin/Gulf School Board –PTA Healthy Start **Resources** Department of Health state funding Evidence-based curriculum
		2. Introduce family planning and STD treatment services in school health clinic.	• Concerned parents and faculty and administration.	**Timeline** 2 years **Lead & Team Members** Department of Health in Franklin/Gulf Franklin Schools – PTA Healthy Start **Resources** Department of Health - Family Planning and STD funds

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Teen births and STD's (Prevention & Screening Awareness) (Continued)	Franklin County will decrease teen birth rate (twice state rate).	3. Implement summer teen health program (abstinence, STD, family planning), in coordination with summer athletic programs.	• Concerned parents, county officials, and athletic staff. • Transportation. • Funding.	**Timeline** 1 year **Lead & Team Members** Department of Health in Franklin/Gulf Athletic staff PTA Big Bend Area Health Education Center **Resources** Department of Health education materials

Franklin County Community Health Project				
Priority Issue	**Goal**	**Strategy**	**Barriers**	**Implementation**
Substance Abuse	Franklin County will find pain management alternatives.	1. Identify alternative pain management providers.	• Substance abuse. • Lack of motivation. • Problem ownership.	**Timeline** 2015 **Lead & Team Members** Substance Abuse/Mental Health program office of Department of Children and Families **Resources** Local healthcare providers (Greg Bowers M.D.) Department of Children and Families
		2. Provide alternatives to narcotics, prescription, and illegal to providers.	• Resistant to change.	**Timeline** TBD **Lead & Team Members** TBD **Resources** Local healthcare providers

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SUMMARY/KEY FINDINGS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Franklin County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Franklin County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. *Access to Healthcare*, *Substance Abuse* and *Mental Health* were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Franklin County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Franklin County and the state of Florida also present the need to address language and cultural barriers.

Prevention and Screening Awareness and *Poverty* are priority issues which impact the health of Franklin County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Child Health* is a priority issue which impacts and is impacted by the other health issues identified in the workshop.

In summary, these strategic health issues priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Franklin County community. These strategic priorities and goals impact multiple sectors of the Franklin County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

NEXT STEPS

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. The next step in the Franklin County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed in conjunction with Community Health Status Assessment, the Forces of Changes Assessment, and the Local Public Health System Assessment.

This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
    - Community Health Status Assessment
    - Community Strength and Themes Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The resulting Community Health Improvement Plan (CHIP) is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action, and is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

ACTION PLAN (PROGRAM PLANNING, IMPLEMENTATION, AND EVALUATION)

As part of the Franklin County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) two CHIP workshops were conducted on May 15 and 29, 2013. Sixteen community health partners participated in these workshops and developed the Action Plans for community health improvement.

BACKGROUND

Community Health Improvement Team members met to develop the ***Community Health Improvement Plan,*** which involved creating an action plan that focused on program planning, implementation, and evaluation. Two four-hour workshops were held in Apalachicola and Eastpoint, Florida on May 15 and 29, 2013. The sessions were facilitated by Quad R, LLC and session logistics were coordinated with the Florida Department of Health in Franklin County. Appendices 1 and 2 contain the email invitation, agenda, and list of workshop participants for both workshops.

METHODS

There were 16 community health partners representing a diverse collection of public and private agencies in Franklin County at the May 15th workshop held at the Apalachicola National Estuarine Research Reserve Environmental Education and Training Center in Eastpoint, Florida. The workshop participants were welcomed by the Florida Department of Health in Franklin County Administrator, Marsha Lindeman. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda. Participants had been asked to bring their data folder from the Goals & Strategies workshop. Those participants who either did not bring their folder or were not at the April 23, 2013 workshop were provided with a data folder. The facilitator reminded workshop members that the data was to serve as the foundation of the Action Plan efforts.

The six health goals and strategies from the May 2013 ***Goals & Strategies*** workshop was also provided to the participants. These six health issues were:

- Access to Healthcare
- Child Health
- Mental Health
- Poverty
- Prevention and Screening Awareness
- Substance Abuse

After reviewing the goals and strategies, each participant self-selected into one of the six health issues and identified two “Do-able” activities for that health issue on the easel chart sheets provided. The participants were reminded to review the data to determine what activities could be measured and could be accomplished by 2016 with the current resources in Franklin County. The participants then reviewed each health issue and added “Do-able” activities. This work is located in Appendix 2.

The workshop participants were instructed to review the information on each health, issue in conjunction with the data, and vote for the most “Do-able” activities for each health issue. Next, the participants used a multi-voting technique to prioritize the health issues. This technique allows the participants to narrow the list of health issues using the criteria of “Most Do-able” and “Most Achieve-able” within the parameters of the resources and timeline.

Three health issues emerged from this process:

- Access to Healthcare & Prevention
- Child Health
- Substance Abuse

The facilitator reviewed the information regarding goals and SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) Objectives provided on the agenda. Workshop participants self-selected into one of the five health issues. Each

team developed a goal and SMART objectives for their health issues. Workshop participants reviewed the goal and SMART objective for each health issue and provided feedback. The goals and SMART objectives were further refined by each team. The results from this first CHIP workshop can be found in Appendix 2.

The second workshop was held on May 29, 2013 at the Florida Department of Health in Franklin County in Apalachicola, Florida. There were 13 community health partners representing a diverse collection of public and private agencies in Franklin County. The workshop participants were welcomed by the Franklin County Health Department Administrator, Marsha Lindeman. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda and provided the Action Plans developed in the May 15th CHIP Workshop 1. Appendix 2 contains the email invitation, agenda, and list of participants for this workshop.

Participants reviewed the three Action Plans developed in the previous workshop. The workshop members self-selected into one of the three Action Plan issues. The participants focused each workgroup's efforts on refining and completing the Action plan template for these three health issues. Activities were delineated for each SMART objective. Evaluation measures were identified for each activity and the final evaluation was linked back to the baseline measure for the SMART objective. In addition, the participants identified lead roles, community resources, and target date(s) for completion for each activity contained in the Action Plan.

Each Action Plan contained the following components:

- Goals and Objectives for improving Franklin County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives

- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. A presentation with the evaluation measure of "Approval Obtained" was identified for these specific Action Plans with identified policy changes.

The final product is presented on the following pages.

Priority Issue: Child Health

Goal: Improve child health in Franklin County**.**

Objective 1: Increase the number of unduplicated new dental patient count for Medicaid eligible children/adults from 19.8% (440) to 64% (722) by September 30, 2016.

Baseline Measure/Source:

N = Numerator (the number achieved) D = Denominator (the target number for the year) % = Numerator/Denominator (percent of the target number achieved)

Outcome	December 2013			January 2013 to December 2013		
	N	D	%	N	D	%
1. Provide capacity for 2,745 patient visits in 2013.	0	2745	0%	0	2745	0%
2. Provide 1830 completed dental visits.	0	1830	0%	0	1830	0%
Preventative	0			0		
Restorative	0			0		
Preventative (Children)	0			0		
Restorative (Children)	0			0		
3. Increase the number of adults and children in the patient census and receiving dental services by 64%, or 239 patients, from 371 to 610.	0	610	0%	0	610	0%
Adults Existing	0			0		
Children Existing	0			0		
Adults New	0			0		
Children New	0			0		

(AHCA) Agency for Healthcare Administration, (HMS) Health Management System, TBA (contact Susan Hoffritz, Franklin County Health Department).

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Child Dental Health Committee.	• Susan Hoffritz (Lead) • School Health Nurses • Healthy Start Staff • Healthy Families Staff • Primary Care Providers • Dental Staff/Providers • Daycare Centers • OB/GYN Staff	July 15, 2013		Child Dental Health Committee formed.	
2. Review and revise Action Plan.	Child Dental Health Committee	August 30, 2013		• Action Plan revised. • Baseline measure and source identified. • Other indicators established for baseline as needed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research evidence-based programs for "Increasing the number of unduplicated dental new patient count for Medicaid eligible children ages 6 months – 20 years." to include: a. Rural community b. Children 6 months – 20 years c. Medicaid eligible children d. Family/child approval for Medicaid program e. Program materials f. Marketing strategy g. Implementation plan h. Evaluation tools i. Funding j. Partners	Child Dental Health Committee	October 30, 2014		Research completed.	
2. Establish selection criteria for program(s) to include items a-i in Step 3.	Task Force	December 30, 2013		Selection criteria established.	
3. Research funding opportunities for program to include: a. Local b. State c. Federal	Task Force	December 30, 2013		Funding opportunities identified.	

d. Private or in-kind					

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Write and submit funding applications.	Task Force	February 28, 2014		Applications submitted.	
5. Select program(s) for project using selection criteria.	Task Force	January 30, 2014		Program(s) selected.	
6. Modify program(s) for use in Franklin County.	Task Force	March 30, 2014		Program(s) modified.	
7. Develop implementation plan for project to include: a. Schedule b. Location c. Staffing d. Family/child application for Medicaid e. Program materials f. Handouts g. Marketing strategy h. Incentives i. Evaluation tools	Task Force	March 30, 2014		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Initiate implementation plan to include: a. Schedule b. Location c. Staffing d. Family/child application for Medicaid e. Program materials f. Handouts g. Marketing strategy h. Incentives i. Evaluation tools	Task Force	May 30, 2014		• Implementation plan started. • Marketing strategy implementation • Data collected per program location.	
9. Collect data after each program to include: a. Feedback from participants b. Demographics of participants c. Screening data d. Other measures	Task Force	TBD		Data collected.	
10. Analyze and summarize data after each program.	Task Force	TBD		Data summarized.	
11. Modify program based on data summary in Step 12.	Task Force	TBD		Program modified as needed.	
12. Modify implementation	Task Force	TBD		Implementation	

plan based on data summary in Step 12.				plan modified as needed.	

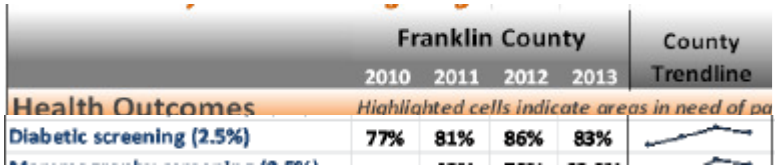
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Repeat Steps 10-13 through program schedule.	Task Force	TBD		See evaluation measures for each step.	
14. Analyze and summarize data across program.	Task Force	June 30, 2016		Program data summarized.	
15. Evaluate and compare to baseline.	Task Force	August 30, 2016		• Increased the number of dental visits for Medicaid eligible children ages 6 months – 20 years from 371 to 610. • Other indicators as identified in Step 2.	
16. Determine Next Steps	Task Force	September 30, 2016		Next Steps determined.	

Priority Issue: Chronic Disease Prevention

Goal: Improve diagnosis of chronic disease in Franklin County.

Objective 1: Increase the diabetic screening of all residents from 83% to 86% by September 30, 2016.

Baseline Measure/Source:



	Franklin County				County Trendline
	2010	2011	2012	2013	
Health Outcomes	*Highlighted cells indicate areas in need of po*				
Diabetic screening (2.5%)	77%	81%	86%	83%	

County Health Rankings & Readings 2013 – data

Indicator	Year(s)	Rate Type	County Quartile[A] 1=most favorable 4=least favorable	County Rate	
Diabetes					
Diabetes age-adjusted death rate[7]	2009-11	Per 100,000	3	25.7	19.5
Diabetes age-adjusted hospitalization rate[8]	2009-11	Per 100,000	1	1791.2	2260.3
Adults with diagnosed diabetes[8]	2010	Percent	1	8.9	10.4

Florida CHARTS

2010 Florida BRFSS Data Report — Franklin

Diabetes

Percentage of adults with diagnosed diabetes

		2010 County Measure	2010 County 95% CI		2010 State Measure	2010 State 95% CI		2007 County Measure
ALL	Overall	8.9	6.0	11.7	10.4	9.8	11.1	8.6
SEX	Men	9.7	5.3	14.0	11.7	10.6	12.7	9.4
	Women	7.8	4.5	11.1	9.2	8.4	10.0	7.8
RACE/ETHNICITY	Non-Hisp. White	8.7	5.7	11.8	10.1	9.4	10.7	9.1
	Non-Hisp. Black				13.1	10.7	15.5	
	Hispanic				9.6	7.2	12.1	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	9.6	5.0	14.2	12.0	10.9	13.2	10.0
	Non-Hisp. White Women	7.6	4.0	11.2	8.2	7.5	8.9	8.3
	Non-Hisp. Black Men				12.6	8.6	16.5	
	Non-Hisp. Black Women				13.5	10.6	16.4	
	Hispanic Men				9.5	5.9	13.1	
	Hispanic Women				9.8	6.5	13.0	
AGE GROUP	18-44	1.6	0.0	4.0	3.6	2.8	4.5	2.1
	45-64	9.3	4.6	14.1	11.6	10.4	12.7	8.9
	65 & Older	18.9	12.0	25.7	19.2	17.9	20.5	19.7
EDUCATION LEVEL	<High School	9.6	2.6	16.5	15.4	12.8	18.1	5.9
	H.S. / GED	10.6	5.5	15.6	11.7	10.5	13.0	11.0
	>High School	6.9	3.1	10.8	9.3	8.5	10.1	7.9
ANNUAL INCOME	<$25,000	9.6	4.8	14.4	14.8	13.3	16.2	8.4
	$25,000-$49,999	5.5	1.6	9.4	11.2 *	9.7	12.7	11.0
	$50,000 or More	12.2	4.7	19.7	7.3	6.4	8.3	6.8
MARITAL STATUS	Married/Couple	9.8	5.7	13.9	9.8	9.0	10.6	8.6
	Not Married/Couple	7.7	4.0	11.4	11.6	10.5	12.6	8.6

2013

Florida BRFSS 2010

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	• Healthcare Providers in Franklin County • Health Department • Hospitals • Doctors (Physicians) Office • Hospice • Home Health Care • Senior Services	August 30, 2013		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	September 30, 2013		• Action Plan revised. • Identified other baseline measures for screening impact.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Research evidence-based programs for "diabetic screening for all residents" program to include: a. Rural community b. Program materials c. Implementation plan d. Marketing strategy e. Cost f. Evaluation measures g. Staffing needs h. Incentives i. Funding	Task Force	December 30, 2013		Research completed.	
4. Establish selection criteria for program(s) to include items a-i in Step 3.	Task Force	December 30, 2013		Selection criteria established.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Research funding opportunities for program to include: a. Local b. State c. Federal d. Private or in-kind	Task Force	December 30, 2013		Funding opportunities identified.	
6. Write and submit funding applications.	Task Force	February 28, 2014		Applications submitted.	
7. Select program(s) for project using selection criteria.	Task Force	January 30, 2014		Program(s) selected.	
8. Modify program(s) for use in Franklin County.	Task Force	March 30, 2014		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Develop implementation plan for project to include: a. Schedule b. Location c. Staffing d. Program materials e. Handouts f. Marketing strategy g. Incentives h. Evaluation tools	Task Force	March 30, 2014		Implementation plan developed.	
10. Initiate implementation plan to include: a. Schedule b. Location c. Staffing d. Program materials e. Handouts f. Marketing strategy g. Incentives h. Evaluation tools	Task Force	May 30, 2014		• Implementation plan started. • Marketing strategy implementation • Data collected per screening location.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Collect data after each screening to include: a. Feedback from participants b. Demographics of participants c. Screening data d. Other measures	Task Force	TBD		Data collected.	
12. Analyze and summarize data after each screening.	Task Force	TBD		Data summarized.	
13. Modify program based on data summary in Step 12.	Task Force	TBD		Program modified as needed.	
14. Modify implementation plan based on data summary in Step 12.	Task Force	TBD		Implementation plan modified as needed.	
15. Repeat Steps 10-13 through program schedule.	Task Force	TBD		See evaluation measures for each step.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
16. Analyze and summarize data across program.	Task Force	June 30, 2016		Program data summarized.	
17. Evaluate and compare to baseline.	Task Force	August 30, 2016		• Increased the diabetic screening of all residents from 83% to 86%. • Other indicators as identified in Step 2.	
18. Determine Next Steps	Task Force	September 30, 2016		Next Steps determined.	

Priority Issue: Chronic Disease Prevention

Goal: Improve diagnosis of chronic disease in Franklin County.

Objective 2: Improve the percentage of undiagnosed hypertension among adults in Franklin County from 38.1% to 40% by September 30, 2016.

Baseline Measure/Source:

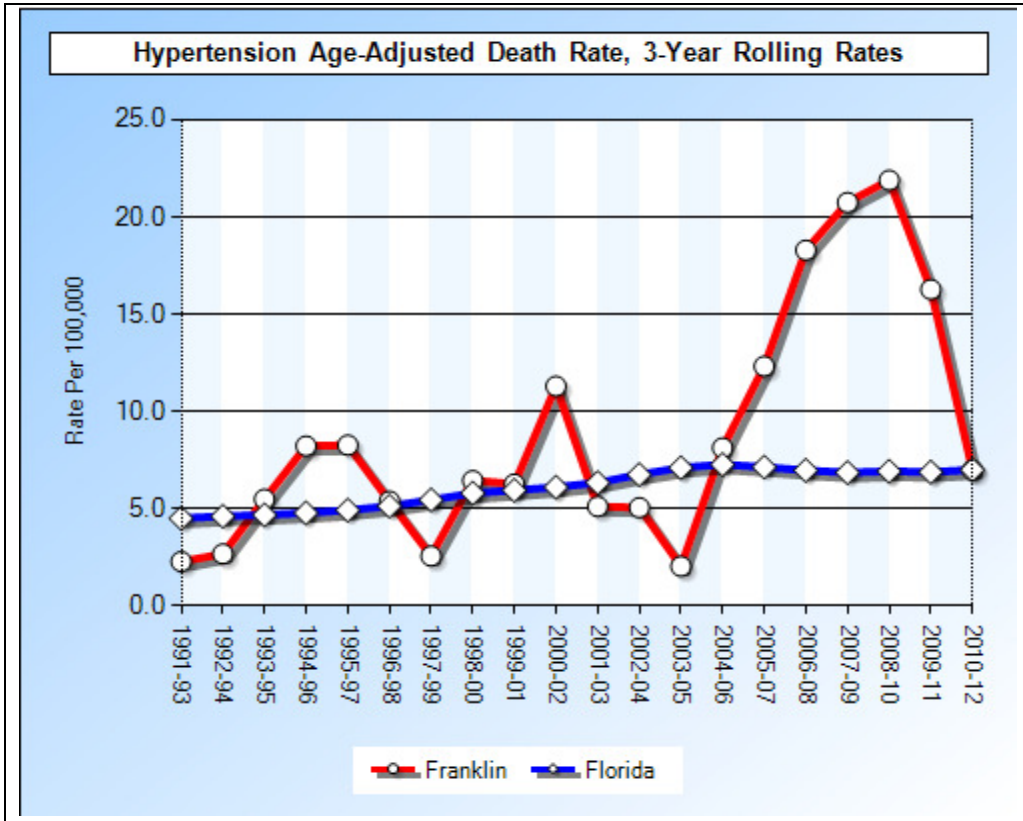
2010 Florida BRFSS Data Report

Hypertension Awareness & Control

Percentage of adults with diagnosed hypertension

		2010 County Measure	95% CI	
ALL	Overall	38.1	31.2	45.0
SEX	Men	38.4	29.3	47.6
	Women	37.7	27.3	48.2
RACE/ETHNICITY	Non-Hisp. White	41.3	33.9	48.8
	Non-Hisp. Black			
	Hispanic			
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	43.8	34.0	53.7
	Non-Hisp. White Women	38.4	27.0	49.8
	Non-Hisp. Black Men			
	Non-Hisp. Black Women			
	Hispanic Men			
	Hispanic Women			
AGE GROUP	18-44	15.4	4.8	26.0
	45-64	38.5	29.9	47.1
	65 & Older	69.1	59.0	79.2
EDUCATION LEVEL	<High School	22.8	11.1	34.6
	H.S. / GED	52.6	40.9	64.3
	>High School	31.6	23.1	40.1
ANNUAL INCOME	<$25,000	39.1	25.1	53.1
	$25,000-$49,999	28.6	18.1	39.1
	$50,000 or More	43.9	32.4	55.3
MARITAL STATUS	Married/Couple	42.8	34.9	50.7
	Not Married/Couple	32.2	19.7	44.6

Florida BRFSS 2010



Florida CHARTS 2013

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
1. Form committee.	• Healthcare Providers in Franklin County • Health Department • Hospitals • Physician's Office • Hospice • Home Healthcare • Senior Services • Franklin Promise • H-Cola • Franklin County Chamber of Commerce • Committee • Local Business	August 30, 2013		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	September 30, 2013		• Action Plan revised. • Identified other baseline measures for screening impact.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
3. Research evidence-based programs for "hypertension among adults" program to include: a. Rural community b. Program materials c. Implementation plan d. Marketing strategy e. Cost f. Evaluation measures g. Staffing needs h. Incentives i. Funding	Task Force	December 30, 2013		Research completed.	
4. Establish selection criteria for program(s) to include items a-i in Step 3.	Task Force	December 30, 2013		Selection criteria established.	
5. Research funding opportunities for program to include: a. Local b. State c. Federal d. Private or in-kind	Task Force	December 30, 2013		Funding opportunities identified.	
6. Write and submit funding applications.	Task Force	February 28, 2014		Applications submitted.	
7. Select program(s) for project using selection criteria.	Task Force	January 30, 2014		Program(s) selected.	
Key Activities	**Lead Role &**	**Target Date**	**Status of**	**Evaluation**	**Evaluation**

	Community Resources	for Completion	Progress	Measure	Results
8. Modify program(s) for use in Franklin County.	Task Force	March 30, 2014		Program(s) modified.	
9. Develop implementation plan for project to include: a. Schedule b. Location c. Staffing d. Program materials e. Handouts f. Marketing strategy g. Incentives h. Evaluation tools	Task Force	March 30, 2014		Implementation plan developed.	
10. Initiate implementation plan to include: a. Schedule b. Location c. Staffing d. Program materials e. Handouts f. Marketing strategy g. Incentives h. Evaluation tools	Task Force	May 30, 2014		• Implementation plan started. • Marketing strategy implementation • Data collected per screening location.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
11. Collect data after each program delivery/screening to include: e. Feedback from participants f. Demographics of participants g. Screening data h. Other measures	Task Force	TBD		Data collected.	
12. Analyze and summarize data after each screening.	Task Force	TBD		Data summarized.	
13. Modify program based on data summary in Step 12.	Task Force	TBD		Program modified as needed.	
14. Modify implementation plan based on data summary in Step 12.	Task Force	TBD		Implementation plan modified as needed.	
15. Repeat Steps 10-13 through program schedule.	Task Force	TBD		See evaluation measures for each step.	
16. Analyze and summarize data across program.	Task Force	June 30, 2016		Program data summarized.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
17. Evaluate and compare to baseline.	Task Force	August 30, 2016		• Improve the percentage of undiagnosed hypertension among adults in Franklin County from 38.1% to 40%. • Other indicators as identified in Step 2.	
18. Determine Next Steps	Task Force	September 30, 2016		Next Steps determined.	

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Priority Issue: Substance Abuse

Goal: Reduce substance abuse for residents in Franklin County.

Objective: Reduce substance abuse indicators in Franklin County by 1% by June 30, 2016.

Strategy 1: Implement a substance abuse evidence-based community outreach program for adults by June 30, 2016.

Baseline Measure/Source:

2010 Florida BRFSS Data Report

Alcohol Consumption

Percentage of adults who engage in heavy or binge drinking

		2010 County Measure	95% CI	
ALL	Overall	17.6	12.2	22.9
SEX	Men	21.2	12.9	29.6
	Women	12.5	7.8	17.2
RACE/ETHNICITY	Non-Hisp. White	15.9	10.9	20.9
	Non-Hisp. Black			
	Hispanic			
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	19.2	11.3	27.0
	Non-Hisp. White Women	11.6	6.9	16.4
	Non-Hisp. Black Men			
	Non-Hisp. Black Women			
	Hispanic Men			
	Hispanic Women			
AGE GROUP	18-44	26.5	13.0	40.1
	45-64	15.4	9.1	21.8
	65 & Older	8.7	4.3	13.2
EDUCATION LEVEL	<High School	18.0	2.3	33.7
	H.S. / GED	13.1	6.0	20.1
	>High School	21.6	13.7	29.4
ANNUAL INCOME	<$25,000	21.2	10.2	32.2
	$25,000-$49,999	15.5	8.0	23.0
	$50,000 or More	11.9	4.8	19.0
MARITAL STATUS	Married/Couple	16.8	10.7	22.9
	Not Married/Couple	19.4	9.4	29.4

2010 Florida BRFSS Data Report

Tobacco Use & Exposure

Percentage of adults who are current smokers

		2010 County Measure	95% CI	
ALL	Overall	31.6	24.9	38.4
SEX	Men	27.8	19.4	36.2
	Women	36.8	26.2	47.4
RACE/ETHNICITY	Non-Hisp. White	29.9	22.8	37.0
	Non-Hisp. Black			
	Hispanic			
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	24.6	16.4	32.9
	Non-Hisp. White Women	36.7	25.0	48.3
	Non-Hisp. Black Men			
	Non-Hisp. Black Women			
	Hispanic Men			
	Hispanic Women			
AGE GROUP	18-44	45.2	29.3	61.1
	45-64	32.2	24.1	40.4
	65 & Older	9.0	4.6	13.3
EDUCATION LEVEL	<High School	36.9	20.2	53.6
	H.S. / GED	30.0	20.6	39.3
	>High School	30.6	19.4	41.7
ANNUAL INCOME	<$25,000	43.8	30.3	57.4
	$25,000-$49,999	23.6	14.0	33.2
	$50,000 or More	18.7	9.6	27.7
MARITAL STATUS	Married/Couple	25.6	18.8	32.5
	Not Married/Couple	38.1	25.3	51.0

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Task Force.	• Apalachee Center • Disc Village • Coastal Behavioral • Florida Therapy • Sarah Madson (Counselor) • Life Management Center • Richard McClain (Counselor) • Maria Horaw (Counselor) • North Florid • Medical Center • Franklin's Promise • Weem's • Dr. Head, Pediatrician • Wanda Teat (Elementary Guidance Counselor at School) • Health Department • Workforce Board • Phoenix Healthcare • Ms. Sweatt (School Psychologist)	October 30, 2013		Task Force formed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review and revise Action Plan as needed.	Task Force	November 30, 2013		• Action Plan revised. • Identified "drug abuse indicators" for 1% change by timeline in Objective.	
3. Identify community adult sectors.	• Task Force • Behavioral Health Task Force	February 28, 2014		Community adult sectors identified.	
4. Collect data on drug (prescription & non-prescription) use among Franklin County adults for baseline.	Task Force	March 30, 2014		• Drug use data collected. • Source(s) noted.	
5. Analyze and summarize drug use data for baseline.	Task Force	April 30, 2014		Drug use data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Develop Needs Assessment Plan to determine substance abuse needs for each community adult sector to include: a. Research b. Evaluation tools c. Logistics for implementation d. Data collection schedule e. Staffing	Task Force	March 30, 2014		Needs Assessment plan for community adult sector developed.	
7. Implement Needs Assessment Plan.	Task Force	June 30, 2014		• Needs Assessment Plan implemented. • Data collected. • Implementation logistics recorded.	
8. Analyze and summarize data from Needs Assessment.	Task Force	August 30, 2014		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Identify requirements for substance abuse evidence-based community outreach program for adults based on: a. Needs Assessment b. Drug use data from Step 5	Task Force	September 30, 2014		Requirements identified.	
10. Research evidence-based programs using requirements identified in Step 9 to include: a. Rural community b. Adults c. Program materials d. Training e. Marketing f. Evaluation tools g. Cost h. Funding i. Staffing j. Implementation plan	Task Force	December 30, 2014		Research completed.	
11. Establish selection criteria for program(s) to include items a-j in Step 10.	Task Force	December 30, 2014		Selection criteria established.	
12. Select program(s) using selection criteria.	Task Force	January 30, 2015		Program(s) selected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Modify program(s) based on all assessments.	Task Force	March 30, 2015		Program(s) modified.	
14. Develop implementation plan to include: a. Responsibilities b. Tasks c. Facilitators d. Marketing plan e. Schedule f. Location g. Program delivery logistics h. Participant recruitment i. Incentives j. Evaluation tools k. Handouts/program materials	Task Force	May 30, 2015		Implementation plan developed	
15. Initiate implementation plan.	Task Force	June 30, 2015		• Implementation plan initiated. • Marketing plan initiated • Participants recruited. • Program logistics tracked.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
16. Collect data from evaluation tools.	Task Force	June 30, 2015-April 30, 2016		Data collected from evaluation tools.	
17. Analyze and summarize data.	Task Force.	May 30, 2016		Data summarized.	
18. Evaluate and compare to baseline measures.	Task Force	June 30, 2016		• Implemented a substance abuse evidence-based community outreach program for adults. • Changes in drug abuse indicators as established from Objective. • Changes in drug use data collected in Step 4. • Changes for other measures.	
19. Determine Next Steps.	Task Force	June 30, 2016		Next Steps determined.	

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Priority Issue: Substance Abuse

Goal: Reduce substance abuse for residents in Franklin County.

Objective: Reduce substance abuse indicators in Franklin County by 1% by June 30, 2016.

Strategy 2: Implement a substance abuse evidence-based community outreach program for youth by June 30, 2016.

Baseline Measure/Source:

Indicator	Youth (Ag	
	Franklin County %	95% CI
Smoked cigarettes on one or more of the past 30 days	**16.3**	(10.4 - 22.3)
Smoked cigars on one or more of the past 30 days	**19.2**	(12.0 - 26.5)
Used smokeless tobacco on one or more of the past 30 days	**11.3**	(5.6 - 17.1)
Used any form of tobacco on one or more of the past 30 days	**30.5**	(20.2 - 40.8)
Rode in a car driven by someone who had been drinking alcohol during the past 30 days	**30.6**	(23.2 - 37.9)

(Florida Youth Tobacco Survey 2012)

Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison

Substance Abuse						
Percent of students who used alcohol in past 30 days						
Middle school	Percent	2010	4		22.9%	16.8%
High school	Percent	2010	4		50.6%	38.0%
Percent of students reporting binge drinking						
Middle school	Percent	2010	3		8.3%	6.9%
High school	Percent	2010	4		29.3%	19.6%
Percent of students using marijuana/hashish in past 30 days						
Middle school	Percent	2010	4		11.5%	5.7%
High school	Percent	2010	4		26.8%	18.6%

Florida CHARTS (2013) – from 2010 BRFSS

Key Activities	Lead Role & Community	Target Date for	Status of Progress	Evaluation Measure	Evaluation Results

	Resources	Completion			
1. Form Task Force.	• Apalachee Center • Disc Village • Coastal Behavioral • Florida Therapy • Sarah Madson (Counselor) • Life Management Center • Richard McClain (Counselor) • Maria Horaw (Counselor) • North Florid • Medical Center • Franklin's Promise • Weem's • Dr. Head, Pediatrician • Wanda Teat (Elementary Guidance Counselor at School) • Health Department • Workforce Board • Phoenix Healthcare • Ms. Sweatt (School Psychologist)	October 30, 2013		Task Force formed.	
Key Activities	**Lead Role &**	**Target Date**	**Status of**	**Evaluation**	**Evaluation**

	Community Resources	for Completion	Progress	Measure	Results
2. Review and revise Action Plan as needed.	Task Force	November 30, 2013		• Action Plan revised. • Identified "drug abuse indicators" for 1% change by timeline in Objective.	
3. Identify community youth sectors.	• Task Force • Behavioral Health Task Force	February 28, 2014		Community youth sectors identified.	
4. Determine youth age group focus for program.	Task Force	March 30, 2014		• Youth age group focus determined. • Baseline indicators established from FL CHARTS and/or FYTS.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
5. Develop Needs Assessment Plan to determine substance abuse needs for each community youth sector to include: a. Research b. Parental permission forms c. Evaluation tools d. Logistics for implementation e. Data collection schedule f. Staffing	Task Force	March 30, 2014		Needs Assessment plan for community youth sector developed.	
6. Implement Needs Assessment Plan.	Task Force	June 30, 2014		• Needs Assessment Plan implemented. • Data collected. • Implementation logistics recorded.	
7. Analyze and summarize data from Needs Assessment.	Task Force	August 30, 2014		Data summarized.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
8. Identify requirements for substance abuse evidence-based community outreach program for youth based on Needs Assessment.	Task Force	September 30, 2014		Requirements identified.	
9. Research evidence-based programs using requirements identified in Step 8 to include: a. Rural community b. Youth target group c. Parental permission d. Program materials e. Training f. Marketing g. Evaluation tools h. Cost i. Funding j. Staffing k. Implementation plan	Task Force	December 30, 2014		Research completed.	
10. Establish selection criteria for program(s) to include items a-k in Step 19.	Task Force	December 30, 2014		Selection criteria established.	
11. Select program(s) using selection criteria.	Task Force	January 30, 2015		Program(s) selected.	
12. Modify program(s) based on all assessments.	Task Force	March 30, 2015		Program(s) modified.	

Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
13. Develop implementation plan to include: a. Responsibilities b. Tasks c. Facilitators d. Marketing plan e. Schedule f. Location g. Program delivery logistics h. Participant recruitment i. Incentives j. Evaluation tools k. Handouts/program materials	Task Force	May 30, 2015		Implementation plan developed	
14. Initiate implementation plan.	Task Force	June 30, 2015		• Implementation plan initiated. • Marketing plan initiated • Participants recruited. • Program logistics tracked.	
15. Collect data from evaluation tools.	Task Force	June 30, 2015-April 30, 2016		Data collected from evaluation tools.	
16. Analyze and summarize data.	Task Force.	May 30, 2016		Data summarized.	

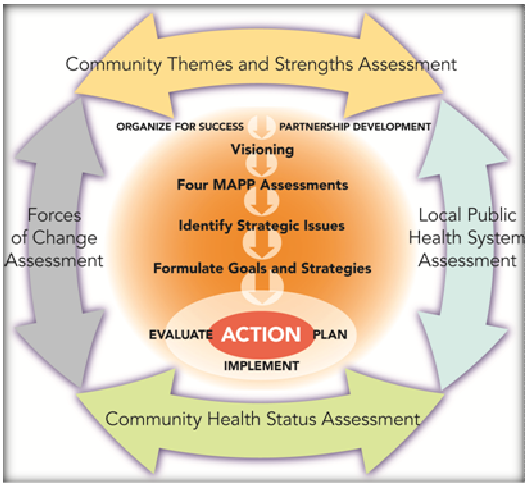
Key Activities	Lead Role &	Target Date	Status of	Evaluation	Evaluation

	Community Resources	for Completion	Progress	Measure	Results
17. Evaluate and compare to baseline measures.	Task Force	June 30, 2016		• Implemented a substance abuse evidence-based community outreach program for youth. • Changes in drug abuse indicators as established from Objective. • Changes for other measures.	
18. Determine Next Steps.	Task Force	June 30, 2016		Next Steps determined.	

ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Franklin County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Franklin County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.



This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Franklin County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Franklin County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.

The CHIP plan is aligned with the following:

- **Florida Department of Health's State Health Improvement Plan 2012-2015**
  Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.
  http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf

- **Healthy People 2020**
  This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.
  http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf

- **National Prevention and Health Strategies 2011**
  Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.
  http://www.surgeongeneral.gov/initiatives/prevention/index.html

The tables on the following pages identify the linkages between the Franklin County CHIP and each of the above referenced plans.

Alignment					
Franklin County CHIP Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		**Access to Health Services**		
Goal: Reduce substance abuse for residents in Franklin County. **Objective:** Reduce substance abuse indicators in Franklin County by 1% by 6/30/16. **Strategy 1:** Implement a substance abuse evidence-based community outreach program for adults by June 30, 2016. **Strategy 2:** Implement a substance abuse evidence-based community outreach program for youth by June 30, 2016.	Goal AC3	Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities.	Mental Health and Mental Disorders Goal	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.	Develop and evaluate community-based interventions to reduce health disparities and health outcomes.
					Foster development of a nationwide community-based prevention system involving state, tribal, local, and territorial governments and partners such as schools, health and social service systems, law enforcement, faith communities, local businesses, and neighborhood organizations.
					Improve access to high-quality mental health services and facilitate integration of mental health services into a range of clinical and community settings (e.g., Federally Qualified Health Centers, Bureau of Prisons, Department of Defense, and Veterans Affairs facilities).
			AHS-1	Increase the proportion of persons with health insurance.	Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
Goal: Improve diagnosis of chronic disease in Franklin County. **Objective 1:** Increase the diabetic screening of all residents from 83% to 86% by September 30, 2016. **Objective 2:** Improve the percentage of undiagnosed hypertension among adults in Franklin County from 38.1% to 40% by September 30, 2016.	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
Goal: Improve diagnosis of chronic disease in Franklin County. **Objective 1:** Increase the diabetic screening of all residents from 83% to 86% by September 30, 2016. **Objective 2:** Improve the percentage of undiagnosed hypertension among adults in Franklin County from 38.1% to 40% by September 30, 2016.	Goal CD3	Reduce chronic disease morbidity and mortality.	D-2	(Developmental) Reduce the death rate among persons with diabetes.	Improve and expand the use of existing food and nutrition systems to track changes in eating patterns and conduct research to identify effective approaches.
			HDS-1	(Developmental) Increase overall cardiovascular health in the U.S. population.	Identify, pilot, and support strategies to reduce cardiovascular disease, including improving screening and treatment for high blood pressure and cholesterol.
			HDS-9	(Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines.	
			HDS-10	(Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.	

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
Goal: Improve child health in Franklin County. **Goal: Improve diagnosis of chronic disease in Franklin County.** **Goal: Reduce substance abuse for residents in Franklin County.**	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
	Goal CR3	Provide equal access to culturally and linguistically competent care.			Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		**Access to Health Services**		
Goal: Improve child health in Franklin County. **Goal: Improve diagnosis of chronic disease in Franklin County.** **Goal: Reduce substance abuse for residents in Franklin County.**	Goal AC1	Regularly assess health care assets and service needs.	PHI-8	(Developmental) Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level.	Promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services.
	Goal AC2	Improve access to primary care services for Floridians.	AHS-2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services.	Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
			AHS-5	Increase the proportion of persons who have a specific source of ongoing care.	Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		**Access to Health Services**		
Goal: Improve child health in Franklin County. **Objective 1:** Increase the number of unduplicated new dental patient count for Medicaid eligible children/adults from 19.8% (440) to 64% (722) by September 30, 2016.	Goal AC3	Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities.	AHS-1	Increase the proportion of persons with health insurance.	Develop and evaluate community-based interventions to reduce health disparities and health outcomes. Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.

Alignment					
Franklin County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		**Access to Health Services**		
Goal: Improve child health in Franklin County. **Objective 1:** Increase the number of unduplicated new dental patient count for Medicaid eligible children/adults from 19.8% (440) to 64% (722) by September 30, 2016.	Goal AC4	Enhance access to preventive, restorative and emergency oral health care.	AHS-6	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.	Educate clinicians, federal employees, and the public (especially those in underserved populations) about coverage improvements and elimination of cost-sharing for clinical preventive services as set forth in the Affordable Care Act.
			Oral Health Goal	Prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care.	
	Goal AC6	Meet special health care needs of children, persons with disabilities and elders.	AHS-7	(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.	

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Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.

The Franklin County Community Health Improvement Team developed three action plans for the key health issues of *Access to Healthcare & Prevention, Child Health*, and *Substance Abuse.*

These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Franklin County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Franklin County residents. It is recommended that the Community Health Improvement Committee review the implementation on an annual basis to

update the information and to continually, and collaboratively, improve the health of Franklin County.

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APPENDICES

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Appendix 1: Goals & Strategies Workshop– August 16, 2012

Email to workshop participants

From: David_Walker@doh.state.fl.us [mailto:David_Walker@doh.state.fl.us]
Sent: Tuesday, April 09, 2013 9:42 AM
To:
Subject: Franklin County Community Health Improvement Planning Project

Community Health Improvement Partners (CHIP)

The Florida Department of Health-Franklin County needs your help! We are in the final stages of our Community Health Improvement Planning Project, and need your assistance in the next phase of the process where we identify the most important issues facing the community and develop goals to address these priority issues. We will host a workshop on April 23, from 10:00am-3:00pm. During this session, we will review all the data and reports generated in the Community Health Improvement process, identify health priorities which impact Franklin County residents, and develop goals & strategies for each priority.

Please join us on April 23 - your experience and expertise is vital to this process. A working lunch will be provided during this workshop. Please RSVP to Gina Moore at gina_moore@doh.state.fl.us by **April 18**, and let us know if you have any dietary restrictions.

Date: April 23, 2013 – Tuesday
Time: 10:00am-3:00pm
Location: Apalachicola National Estuarine Research Reserve Environmental Education and Training Center
108 Island Drive
East Point, FL 32328

Thank you in advance. We are looking forward to your valuable input at this workshop. Please see an agenda attached.

<<Franklin County April 23 agenda.pdf>>

Best of Health,

David

David Walker
Operations and Management Consultant Manager
Florida Department of Health in Franklin County
Office (850) 653 - 2111 ext 119

Workshop participants

Franklin Community Health Improvement Project
April 23, 2013
Goals & Strategies Sign-in Sheet

Name/Title	Organization
Jim Mitchesll, BS, CM	Apalachee Center – Franklin County
Cori Bauserman, Network Coordinator	Big Bend Community Based Care
Richard C. McLean	Community member
John C. Wilson, COO	DISC Village, Inc.
Vanessa Edenfield, School Health Coordinator	Florida Department of Health – Franklin County
Susan Hoffritz, Dental Assistant	Florida Department of Health – Franklin County Dental Clinic
Marsha Lindeman	Florida Department of Health – Franklin & Gulf Counties
Gina Moore, Tobacco Prevention Specialist	Florida Department of Health – Franklin County – Tobacco
Talitha Robinson, Administrative Assistant	Florida Department of Health – Franklin County Tobacco
Ellie Tullis, Program Manager	Florida Department of Health – Franklin County Healthy Start/Healthy Families
David Walker	Florida Department of Health – Franklin County

Workshop Agenda

Franklin County Community Health Improvement Project: Strategic Priorities with Goal Statements & Strategies

April 23, 2013 Agenda

April 24, Wednesday – 8:30am – 12:30pm

10:00am - 10:15am	**Introductions & Workshop Logistics Review**
10:15am – 10:35am	**Participants will review Franklin County data for health issues**
10:35am-10:50am	**Participants will identify key health issues** • Based on their data review, participants will collaboratively group the health issues • Participants will "name" the category for each grouped health issue
10:50am – 11:05am	**Participants will be assigned to workgroups to:** • Identify Health Resources - Identify all resources for achieving a Healthy Franklin County (e.g., community groups, policies, funding, state/federal partners, etc.) • Identify Health Challenges – Identify "*What gets in the way of achieving a Healthy Franklin County?"* (e.g., insufficient resources, lack of community support, legal or policy impediments, or technological difficulties)
11:05am - 11:15am	**Workgroup Review** • Each workgroup will review and revise the work of the other groups
11:15am – 11:45am	**Strategic Planning (continued)** • Individuals will self-assign into an "Issue" workgroup • Each workgroup will identify a *GOAL* statement for their issue(s)
11:45am – 12:15pm	**Break – Working Lunch**
12:15pm – 12:30pm	**Workgroup Round-Robin Review**

	• Workgroups will review results of other workgroups & provide feedback
12:45pm – 1:15pm	**Strategic Planning (continued)** • Each workgroup will identify *STRATEGIES* to accomplish that *GOAL*
1:15pm – 1:30pm	**Workgroup Round-Robin Review** • Workgroups will review results of other workgroups & provide feedback
1:30pm - 1:45pm	**Strategic Planning (continued)** • Workgroups will fine tune their GOAL statement and *STRATEGIES* • Workgroups will identify *BARRIERS* for each *STRATEGY*
1:45pm – 2:15pm	**Strategic Planning (continued)** • Workgroups will complete the IMPLEMENTATION section of the Priorities/Strategies Plan o Estimated *TIMELINE* o *LEAD/TEAM MEMBERS* o *RESOURCES*
2:15pm - 2:30pm	**Workgroup Round-Robin Review**
2:30pm - 2:45pm	**Strategic Planning (continued)** • Workgroups will fine tune their Strategic Plan based on feedback
2:45pm – 3:00pm	**Workshop Summary & Next Steps**

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community's health looks like now) and the vision (what the public health system and community's health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:
Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.

Example:
Strategic issue: How can the public health community ensure access to population-based and personal health care services?
Goal: All persons living in our community will have access to high-quality, affordable health care.
Strategies:
1. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
4. Develop the capacity to provide culturally and linguistically appropriate services.
5. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information:
http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

WORKSHOP SUMMARY NOTES - Resources and Barriers/Challenges

Resources (Physical – Agencies – Policies – Attitudes – Behavior)

- American Cancer Society
- Florida Department of Health – Franklin County/Gulf
- Hospitals
- AHFC's
- Churches
- American Lung Association
- American Heart Association
- Apalachee Center
- NAMI
- Control Disease Center (CDC)
- Franklin's Promise
- NACCHO – County and City Health
- Healthy Start / Healthy Families
- Head Start and Early Learning Coalition
- Disc Village
- Sara Franklin (Mental Health professional)
- Sandy Hengle (Homeless Liaison)/Kid Care
- H' cola
- Agency for Person with Disabilities (APD)
- Blue Foundation – Sealant Program, Lip Program
- 211
- Restore
- Government office
- Home Health – NHC/A&A
- Department of Environmental Protection
- Bright Futures
- Florida Therapy Services
- Coastal Behavioral Health
- Breast and Cervical Cancer Prevention program
- Big Bro/ Big Sis
- Lion's International (eye care)
- YMCA/YWCA
- Tapper Foundation
- Primary care
- Pediatrician
- Dental program
- Sacred Health Medical Center
- Head Dr.
- Agency on Aging
- Transportation – Crooms
- St. James Rehabilitation
- Women, Infant and Children (WIC)

- Senior Centers
- Civic Clubs
- Chamber of Commerce
- Habitat for Humanity
- Parks and Recreation
- Media
- Waste Management – community program
- Mosquito control
- First Responder
- Physicians and nurses
- Food banks
- Abstinence Program
- Department of Health (DOH)
- SWAT
- County Extension Office
- Florida State Re – employment
- Penny's Worth
- Workforce Development
- Community Action – Clearing House for Aid
- United Way
- Refuge House
- AA/NA
- Victim Advocate
- Law enforcement – Sheriff's Department
- City/County government
- Library
- Schools + GED programs
- Apalachee Physical Therapy
- Big Bend Hospice
- BBCDC – Community based Care
- Tobacco Prevention and Coalition (Tobacco free Franklin)
- Department of Children and Families (DCF)
- Juvenile Justice and DJJ Council
- Kid Care
- Tigers Program
- Gulf Coast State College (Franklin/Gulf)
- Project Impact /Nest
- EOC
- Department of Transportation – (DOT)
- Salvation Army
- Red Cross

Barriers/ Challenges (Physical – Agencies – Policies – Attitudes – Behavior)

- Tobacco - Right of passage (culturally accepted)
- Lack of education – parents
- Medical: - lack of practitioners
- Lack of specialists
- Lack of transportation
- Lack of insurance
- Poverty
- Reliance on government assistance
- Education undervalued
- Minimal grassroots support by community
- Sense of helplessness/ hopelessness
- Resistance to change
- No homeless shelter
- Apathy
- Substance abuse
- Lack of employment
- Mental health
- Value of pro activity (undervalued)
- Underserved by multi county agencies
- Language barriers
- Political barriers/stagnant

Health Issues and Do-able Activities

Issue - Access to Health	
• Limited # of licensed physicians/dentist (6) • Adults who rate their health status as “fair or poor”. (4) • Adults with any type of health insurance (3) • Women 40 or over who got a mammogram last year (2) • Lack of health insurance coverage (2) • Dental issues • Diabetes prevention/control (2) • Access to medical screenings • Availability of healthcare providers, beds • Law enforcement for cities spread out over large over. • Crime and assault • Physician accessibility	• Preventable hospital stays • Births not covered by Medicaid • Transportation • Cancer rate high in Franklin • Cervical cancer • Melanoma • Pulmonary health • Pre-school issues • Immunizations school readiness • 18% pediatric population without health insurance • 66% kids eligible for free lunch • Medicaid birth rate low • Need to find and help enroll • Access to care • High rate of adults who didn’t get flu shot • Heart disease adult population • Chronic disease awareness

Do – Able

- Referral options known to all providers to assist Medicaid/ insurance eligible clients, screening at all healthcare entry points. Defined resources to enable enrollment successfully. “Insurance advocate”. (6)
- Collaborative grant writing. (3)
- Public transportation to provider. (3)
- CHIP. (1)
- Income based healthcare. (1)
- Health fairs.(1)
- Increase provider network. (1)

Issue - Child Health
• Fetal death ratio (4) • Premature births (4) • Obesity in the young and old (4) • Substance abuse use among high school students (2) • Teens birth rate ↑ (2) • SUID of infants 3x Florida average • Alcohol use among middle and high school students • Pre-postnatal • Unintentional poisoning – children • High incidence of asthma in high school students

- Explore and promote unique ways to engage and educate and bring to the table.

Do – Able

- More afterschool activities that increase physical activity. (3)
- Abstinence (in school) program – education on STD's and HIV (3)
- Collaborate with "project impact" "the nest" programs to incorporate physical activities. (3)
- Apply for Fuel Up to Play GO (Melinda Gates and other grants). (3)
- Use dental grant – children Carrabelle. (2)
- More education on healthy eating habits within the school system. (2)

Issue - Mental Health
• Depression middle and high school students (6) • Purposely hurt themselves without wanting to die during past 12 months. (2) • Mental health (2) • Zero mental health treatment for kids 1-5

Do – Able

- Increase awareness of mental health services to support depression, hopelessness, etc. and education classes within schools. (4)
- Case management. (3)
- Counseling for coping skills. (2)
- Depression screenings for youth at schools. (1)
- Mentoring program (middle school and high school students). (1)
- Lobby law makers for increased support. (1)
- Diversify and increase providers to meet needs of infants, youths, and adults

Issue - Poverty
• Poverty (12) • Median household income (6) • Education, continued or advance (5) • Adults with no healthcare insurance (4) • High graduation rate (3) • High unemployment rate (2) • Economic (2) • Employment options, seasonal jobs-majority (2) • Limited business establishments • Healthcare motivation by population • High per capita government expenditures across the board • Multi-unit housing • % going to prison • Violent crime rate, aggravated and simple assault • Adults who rate their health as “fair “or “poor”. • Significance of lack of value on education • Cervical cancer • Melanoma • Children immunizations • Grade retention • Children in school readiness programs

Do – Able

- Connect individuals to access points (kid care, Medicaid, food stamps, disability). (8)
- Improve transportation services available in county (more awareness/accessibility). (5)
- Maintain “bridges to circle” program from catholic charities. (2)
- “Insurance advocate” available to successfully enroll eligible points.
- Transportation bus for Gulf College, GED program.
- Habitat for humanity, aging with dignity coordination with workforce media coverage.
- Lobby law makers for: transportation/business development and health coverage.

Issue - Prevention and Screening Awareness
• Teen pregnancy (10) • Sexually transmitted diseases (6) • Childhood and adult obesity (6) • Mammograms (2) • Melanoma (4) • Dental treatment due to cost (3) • Child immunizations (3) • Physical inactivity (3) • Diabetes (2) • Vaccinations (2) • % of adults who meet vigorous physical activity recommendations (2) • Unwed pregnancies (2) • Breastfeeding (2) • Nutrition and exercise (2) • Lung cancer (3) • Chronic disease • Cervical cancer • Hospital ER visits for services • Adults who received a flu shot this year • Other risks • Drinking water safety • Motor vehicle safety • Youth sexually activity • Premature births • Family planning and STD services need up and more accessible • Maternal health • Smoking during pregnancy • Heart disease

Do – Able

- Family planning and STD (CHD services in school clinic),(work with school board and faculty), abstinence education (new funding) work with healthy start! Decrease teen birth rate. (9)

- Increase awareness of importance of prevention screenings and locations available. Decrease preventable diseases. (3)

- Holding parents accountable for child immunizations, incorporate home visits to educate the parents. (2)Child immunizations (already ↑ to 100 %)
- Community access to screenings/including youth and adult.
- Provide transportation for screenings/prevention services. (1)
- Media coverage of local health providers.

Issue - Substance Abuse
• Smokers (15) • Tobacco use among teens and adults (6) • High schoolers ride in car with someone who has been drinking (2) • Alcohol/binge drinking (2) • Mothers who smoke during pregnancy • Secondhand smoke (2) • Drug abuse

Do – Able

- Use community resources to identity “at risk” children with access to parenting education and support. (5)
- Pain management alternatives. (4)Increase mental health services to identify depression. (2)
- In house advocate for “at risk” children to work on one or one basis. (2)
- Apply for additional (collaboratively) grant money to engage youth in prevention. (2)
- Tobacco prevention program, youth prevention/ cessation for adults.
- Substance abuse counseling.

Appendix 2: CHIP Workshop 1 – May 15, 2013

Email to workshop participants

SAVE THE DATES ~ SAVE THE DATES ~ SAVE THE DATES

Dear Community Health Partners:

The Florida Department of Health in Franklin County needs your help!

We are in the final stage of our Community Health Improvement Planning and have an aggressive timeframe for completion. We will be working on the Community Health Action Plan for improving the health of community residents. Your experience and expertise is a critical!

Background: The Community Health Assessment and the Community Health Improvement Plan follow the NACCHO (National Association of County and City Health Officials) MAPP (Mobilizing for Action through Partnership and Planning) process to examine the community health status of Gulf County. See Website - http://www.naccho.org/topics/infrastructure/mapp/

This next step is the Community Health Improvement Plan (CHIP). A CHIP can be used by health departments, as well as other government, educational or human service agencies, to coordinate efforts and target resources that promote health. A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

PLEASE SAVE THESE DATES
(Your attendance is essential at both sessions):

May 15 (Wednesday) CHIP Session 1
10:00am-2:00pm EST
Location: Apalachicola National Estuarine Research Reserve Environmental Education and Training Center
108 Island Drive
East Point, FL 32328

May 29 (Wednesday) CHIP Session 2
10:00am-2:00pm EST
Location: Florida Dept of Health in Franklin County
139 – 12 Street
Apalachicola, Fl 32320

****A working lunch will be provided at both sessions****

Florida HEALTH Franklin County

For more information and to RSVP, contact David Walker at david_walker@doh.state.fl.us or call (850) 653-2111 ext 119.
Thank you in advance. We look forward to working with you on this valuable project!

CHIP Workshop 1 Participants

Florida Department of Health – Franklin County Community Health Improvement Project
CHIP Session 1
May 15, 2013 Sign-In Sheet

Name/Title	Organization
Calandra Portalatin	Big Bend Area Health Education Center
Richard C. McLean	Community member
Vanessa Edenfield, School Health Coordinator	Florida Department of Health – Franklin County
Susan Hoffritz, Dental Assistant	Florida Department of Health – Franklin County Dental Clinic
Marsha Lindeman	Florida Department of Health – Franklin & Gulf Counties
Gina Moore, Tobacco Prevention Specialist	Florida Department of Health – Franklin County – Tobacco
Talitha Robinson, Administrative Assistant	Florida Department of Health – Franklin County Tobacco
Ellie Tullis, Program Manager	Florida Department of Health – Franklin County Healthy Start/Healthy Families
David Walker	Florida Department of Health – Franklin County
Sarah Hinds	Florida Department of Health – Gulf County
Sandi Hengle	Franklin School District
Lee Ellzey	Gulf Coast Workforce Board
Suzy Nadler	Healthy Start
Robert Head	Sacred Heart Medical
Paulina Pendarvis	Sacred Heart Medical
Ray Brownsworth	Weems Memorial

CHIP Workshop 1 Agenda

Franklin County Community Health Improvement Plan 2013
Wednesday – 10:00am-3:00pm
Apalachicola National Estuarine Research Reserve Environmental Education and Training Center
108 Island Drive
East Point, FL 32328

May 15, 2013 Agenda

10:00am – 10:15am — **Introductions**
Workshop Logistics Review

10:15am – 11:00am — **Workgroup Assignments**
Participants will be assigned to a workgroup to prioritize issues.
- Review Strategic Priorities & Goals from April 23, 2013 workshop
- Identify *Do-able* activities – Which Issues/Goals can be realistically impacted in the next 2 years?
  - Review Community Health data to ensure suggested *Do-able* activities will impact the issue/health concern.

11:00am – 11:15am — **Group Decision Making**
- Issues/goals will be prioritized.
- Top 2 - 4 issues/goals will be selected for development in the Community Health Improvement Plan.

11:15am – 11:45am — **Goal & SMART Objectives for each Health Issue**
- Participants will self-select into a Health Issue group and work together to develop a *Goal* and *SMART Objective* for their issue.

11:45am-12:15pm — **Working Lunch** (Lunch provided & networking)

12:15pm - 12:45pm — **Baseline Data**
- Participants will work together to identify the *Baseline Data* and *Data Source* associated with their issue.

12:45pm -1:15pm — **Group Review of Goal & SMART Objectives**
- Groups will review each other's work and provide feedback
- *Baseline Data* and *Data Source* will be reviewed to ensure alignment with *GOAL* and *OBJECTIVE*.

1:15pm – 1:30pm **Goal & SMART Objectives**

- Work groups will use feedback to refine *Goal, SMART Objective(s), and Baseline Data.*

1:30pm – 2:00pm **Activities**

- Work groups will begin to list out the *Activities* for their *Objective(s)*.

2:00pm – 2:30pm **Activities Review**

- Groups will review each other's work and provide feedback.

2:30pm – 2:45pm **Activities Refinement**

- Work groups will use feedback to refine *Activities.*

2:45pm – 3:00pm **Community Health Improvement Plan Workshop Summary & Next Steps**

A Community Health Improvement Plan (CHIP) has been defined as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community
health improvement process."

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:
Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.
Measurable outcomes include units for counting, which determines quantity and comparison.
Achievable outcomes are feasible, reasonable and actionable.
Realistic outcomes add value or contribute to the accomplishment of the goal.
Time limited means there is a deadline(s) for completion.

Example:
Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:
1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

CHIP Workshop 1 Summary Notes

Child Health
Activities: • Focus groups with parents of all ages.√√ • Marketing dental clinic. • How to market abstinence and other sex education and ↑ awareness. • Develop afterschool, weekend activities (how to ↑ involvement).√√ • Barriers to established medical homes. • Ditto with students (focus groups middle and high school).√ • Establish medical homes. • Link pregnancy moms' healthy start/provider and other services/resources.√√ • Increase healthy eating education in schools and community. • Increase healthy food options in the school system (variety). • Transportation for afterschool activities. • Promote physical education/activities in schools • Obesity evaluation and prevention.√√√ • Access to healthy food.√ • Promote local gardening to improve diets • Getting parents to properly immunize children/reduce stigma that immunizations are not harmful. • Education of proper treatment of parasites – thorough and proper hygiene/prevention. • Education of hygiene. • Increase parental awareness of the "One Stop Shop".√ • Positive youth image.
Goal: **Improve Child Health in Franklin County for generations to come.**
Objective: • Reduce percentage of students in 1st, 3rd, and 6th grades whose BMI is at or equal to 75% tile by 12/30/15. (Franklin Department of Health in Franklin). • Increase # of dental visits for children to 55% by 6/30/15.
Goal: **Improve Child Health in Franklin County for generations to come.**
Objective: • # 1 ↓ % of students in grades 1, 3, and 6 grades with BMI greater than 75% tile by 12/30/2015.
Strategy: Promote healthy eating habits and physical activity in schools and community (school based, primary care providers, Faith based, etc.).
Activity: • Form a child health work group to develop protocol for implementation of strategies to achieve the objective. • Have a group develop protocol to develop BMI and dental status.

Objective:
- Increase # of dental visits for children to 55% by 12/30/15.

Strategy:
Expand community awareness of oral hygiene needs.

Activity:
- Have child health group coordinate objective and develop referral process for 1st, 3rd, 6th graders.

Dr. Robert Heod, Vanessa Edenfield, Ellie Tullis, Susan Hoffnitz, Marsha Linderman

Prevention and Screening

Activities:
- Apply for grant (healthcare) screening from the Gates foundation or other resources.√√
- Hold health fairs in conjunction with a large community events.√√√√
- Regular slots on forgotten TV (expand media for community events and benefits of…)
- Alternate locations in community for screenings and vaccinations. E.g. workplace, drive through, schools.√
- Develop health fair partnership to commit to provide for Health Fairs per year.√
- More parasite control awareness and treatment availability.
- Work with community providers to distribute screenings.√√√
- Resource guide/site locations of ongoing screenings "One Stop Shop".
- Create local resource guide/ revise and collapse to comprehensive guide.
- Distribute to work settings at gas stations, grocery stores, community events etc.
- Introduce family planning and STD treatment services in school health clinic.(2)
- Implement abstinence curriculum in Franklin County.

Access to Health

Activities:
- Awareness of and get parents/people to sign up for.√√(1)
- Enhance Kid Care/Medicaid, financial aid enrollment.√√
- Increase provider network awareness – resource guide/media.√√√√
- Increase primary and specialty care providers.
- Availability of tech/equip e.g., digital mammogram, ultrasounds.
- User friendly health information system
- Reliable transportation.√
- Rotation of specialist.
- Increase accountability to get people to proper resources.
- More involvement/investing of community in the healthcare system. Ex: boards, committees, fundraisers, benefits, activities and community voice.
- Seek "seed" money to fund healthcare screenings and assessments. (grants)(4)
- "One Stop Shop" and online as an access point for individuals to apply for insurance/health programs, including transportation to services.

Access to Health and Prevention
Objective: Resource guide
Key Activities: • Collect currently available resource guides and compile the information into one guide. • Posting printable resource guide online • Distributing online information to providers and social service agencies.
Goal: **Improve access to Healthcare and Prevention to Franklin County residents.**
Objective: Provide/participate in two community partnership Health Fairs (including screenings) per year in Franklin County by September 30, 2016.
Key Activities: • Develop Health Fair partnership to commit provide two Health Fairs per year. • Implement the Health Fair.
Goal: **Improve access to Healthcare and Prevention to Franklin County residents.**
Activities: • Reach out to determine existing/current events and Health Fairs. • Reach out to community stakeholders to gain participation. (Phone/email/personal contacts). • Determine screenings that will be included. • Develop marketing plan for events. • Plan dates for events. • Find alternative reasons to draw participation including other successful events.
Objective: Implement a comprehensive marketing strategy for strategy for the community resource guide by September 30, 2014. (online and hard copies available).
Key Activities: • Posting the resource guide online. • Distributing online information to providers.
Goal: **Improve access to Healthcare and Prevention to Franklin County residents.**
Objective: • Provide /participate two Health Fairs community partnerships (including screenings) per year in Franklin County by September 30, 2016. • Implement a comprehensive marketing strategy for the community resources guide by September 30.2014. (Online and hard copies available).(8) • Check on independent companies that hold health screenings in communities.
Talitha Robinson, Suzy Nadler, Calandra Portalatin, Sandi Hengle, Ray Brownsworth, Paulina Pendarvis, Teresa Howard, Gina Moore

Substance Abuse

Activities:

- Youth education – beginning at 10-12 years old, include parents (Evidence-based).√√√√√
- Referral system.
- Case management (follow up).
- Using local media.
- Qualified substance abuse counselors.
- Funding source.√
- Expanding SWAT type program to elementary age children – implement substance abuse helpline.√√
- Educate local educators and professionals and courts to recognize warnings signs and about referral options.√√
- Implement stress education/management in schools K-12(activities too). √
- Drug sweep randomly in schools.√

Goal:
Reduce Substance Abuse/Tobacco use for adult and youth populations in Franklin County.

Objective:

- Implement an elementary students working against tobacco (SWAT) club by 6/30/2014. *Florida Youth Tobacco Survey

Key Activities:

- Identify existing local SWAT clubs in Franklin County.
- Meet with principal/school directors to implement club.
- Meet with after school directors/Faith -Based to implement club.
- Identify additional SWAT advisor(s).
- Recruitment activities for elementary youth.
- SWAT sign up.
- 1st SWAT meeting.

Goal:
Reduce Substance Abuse/Tobacco use for adult and youth populations in Franklin County.

Objective:
Provide education/information to local stakeholders about substance abuse issues, warning signs and referral options.

Key Activities:

- Identify local stakeholders (e.g. school officials/teacher, police, court officials, employers, businesses, workforce board, Faith-based, etc.)
- Research educational materials to develop substance abuse information guide.
- Disseminate to local stakeholders via presentations, handouts, one-on-one meetings, etc.

Goal: **Reduce Substance Abuse/Tobacco use for adult and youth populations in Franklin County.**
Objective: • Implement an elementary students working against tobacco (SWAT) club by 6/30/2014. *Florida Youth Tobacco Survey. • Provide education and information to local stakeholders about substance abuse issues, warning signs and referral options by 6/30/2015. (E.g. school officials, police and courts, etc.) *Will need to develop baseline for teaching purposes.
Richard McLean, Sarah Hinds, Lee Ellzey, David Walker

Poverty

Activity:

- "One Stop Shop" – create an access point(s) for citizens to apply for insurance, food, transportation, etc...√√√
- Access facilitators will receive the necessary training to enroll people. (1)
- Establish partnership with schools, churches, after-school programs.
- Utilize health fairs or other avenues to provide education on poverty prevention.
- Teach via schools pitfalls that lead to poverty.
- Pregnancy not graduating.√√(2)
- Increase awareness of resources.
- Lack of transportation to resource/ Increase transportation to resources.
- Lack of funds for resources.
- Lack of jobs and industry for employment.
- Lack of jobs that offer a livable/sustainable income or health insurance.
- Apply for grants to ↑ access for transportation across the county.√
- Expand bucket garden/healthy eating programs. Incorporate healthy eating activities at health fairs.√√
- Diversify economic base and drive development.√√
- Affordable housing (quality).

Mental Health

Activity:

- Provide education on mental health that focuses on the understanding of "healthy" and "normal" and/or "problematic".√√(4)
- Acute intervention for children and families.√√
- Partner with stakeholders to research grants and other funding opportunities.
- Art therapy/music therapy in school to help identify potential children in distress (arts and medical program?).√√√
- Establish telepsych – assessment, counseling, medical reconcile.
- Mentoring program for middle and high school students (peer to peer).
- More qualified mental health providers.
- Funding. √
- Transportation to and from doctors' office.
- Access to medication and affordability
- Access to child mental health
- Local mental health <u>physicians.</u>
- Implement parent support groups, include mental health focus.√(1)
- Helpline – to help with access to services.
- Availability of online support services for mental health (can include blogs, access to online counseling services, etc.)√√√

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Priority Issue: Child Health					
Goal: Improve Child Health in Franklin County for generations to come.					
Objective 1: Reduce percentage of students in 1st, 3rd, and 6th grades whose BMI is at or equal to 75 percentile by 12/30/15. Need to define what percentage of students. How many students or what shift in the percentages will result?					
Baseline Measure/Source: Franklin Department of Health in Franklin Need current data here.					
Strategy 1: Promote healthy eating habits and physical activity in schools and community (school based, primary care providers, Faith based, etc.).					
Key Activities	**Lead Role & Community Resources**	**Target Date for Completion**	**Status of Progress**	**Evaluation Measure**	**Evaluation Results**

Activity:

- Form a child health work group to develop protocol for implementation of strategies to achieve the objective.
- Have a group develop protocol to develop BMI and dental status.

Priority Issue: Child Health					
Goal: Improve Child Health in Franklin County for generations to come.					
Objective 2: Increase the number of dental visits for children from ___ to 55% by 12/30/15. May want to define the age group for better focus of activities and measurement.					
Baseline Measure/Source: Need current data & source here.					
Strategy 1: Expand community awareness of oral hygiene needs.					
Key Activities	**Lead Role & Community Resources**	**Target Date for Completion**	**Status of Progress**	**Evaluation Measure**	**Evaluation Results**

Activity:

- Have child health group coordinate objective and develop referral process for 1st, 3rd, 6th graders.

TEAM MEMBERS: Dr. Robert Heod, Vanessa Edenfield, Ellie Tullis, Susan Hoffnitz, Marsha Linderman

Activities:

- Obesity evaluation and prevention.(3)
- Focus groups with parents of all ages.(2)
- Develop afterschool, weekend activities (how to ↑ involvement).(2)
- Link pregnancy moms' healthy start/provider and other services/resources.(2)
- Ditto with students (focus groups middle and high school).(1)
- Access to healthy food.(1)
- Increase parental awareness of the "One Stop Shop".(1)
- Marketing dental clinic.
- How to market abstinence and other sex education and ↑ awareness.
- Barriers to established medical homes.
- Establish medical homes.
- Increase healthy eating education in schools and community.
- Increase healthy food options in the school system (variety).
- Transportation for afterschool activities.
- Promote physical education/activities in schools
- Promote local gardening to improve diets
- Getting parents to properly immunize children/reduce stigma that immunizations are not harmful.
- Education of proper treatment of parasites – thorough and proper hygiene/prevention.
- Education of hygiene.
- Positive youth image.

Priority Issue: Access to Healthcare and Prevention					
Goal: Improve access to Healthcare and Prevention to Franklin County residents. Thise Goal has 2 issues – Access to Healthcare and Prevention. Do they both have the same outcome? If so, re-word the goal for that outcome. If they have different outcomes, then need to separate into 2 different goals with separate action plans.					
Objective 1: Provide/participate in two community partnership Health Fairs (including screenings) per year in Franklin County by September 30, 2016. Decide on the verb The goal concerns ACCESS to HEALTHCARE and PREVENTION. Need to think through how the objective will address BOTH issues. May want to focus on one.					
Baseline Measure/Source: Need current data & source here. If go with both ACCESS to HEALTHCARE and PREVENTION, will need baseline measures for both.					
Key Activities	**Lead Role & Community Resources**	**Target Date for Completion**	**Status of Progress**	**Evaluation Measure**	**Evaluation Results**

Key Activities:

- Develop Health Fair partnership to commit provide two Health Fairs per year.
- Implement the Health Fair.
- Reach out to determine existing/current events and Health Fairs.
- Reach out to community stakeholders to gain participation. (Phone/email/personal contacts).

- Determine screenings that will be included.

- Develop marketing plan for events.

- Plan dates for events.
- Find alternative reasons to draw participation including other successful events.
- Check on independent companies that hold health screenings in communities.

Priority Issue: Access to Healthcare and Prevention
Goal: Improve access to Healthcare and Prevention to Franklin County residents.
Objective 2: Implement a comprehensive marketing strategy for the community resource guide by September 30, 2014. (online and hard copies available). How does a marketing strategy for the community resource guide meet the goal – improve Access to Healthcare and Prevention? Is there currently a community resource guide? If not, the Objective is to Provide a community resource guide by…. Within the activities, the comprehensive marketing strategy would be developed and then implemented.
Baseline Measure/Source: Need current data & source here. The baseline data may be the distribution of the resource guide. If none, exists, then the baseline is No Resource Guide exists. The follow-up measure would be that the resource guide has been distributed.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Key Activities:

- Posting the resource guide online.
- Distributing online information to providers.
- Collect currently available resource guides and compile the information into one guide.

- Distributing online information to providers and social service agencies.

TEAM MEMBERS: Talitha Robinson, Suzy Nadler, Calandra Portalatin, Sandi Hengle, Ray Brownsworth, Paulina Pendarvis, Teresa Howard, Gina Moore

Prevention and Screening
Activities: • Hold health fairs in conjunction with a large community events.(4) • Work with community providers to distribute screenings.(3) • Apply for grant (healthcare) screening from the Gates foundation or other resources.(2) • Introduce family planning and STD treatment services in school health clinic.(2) • Alternate locations in community for screenings and vaccinations. E.g. workplace, drive through, schools. (1) • Develop health fair partnership to commit to provide for Health Fairs per year. (1) • Regular slots on forgotten TV (expand media for community events and benefits of…) • More parasite control awareness and treatment availability. • Resource guide/site locations of ongoing screenings “One Stop Shop”. • Create local resource guide/ revise and collapse to comprehensive guide. • Distribute to work settings at gas stations, grocery stores, community events etc. • Implement abstinence curriculum in Franklin County.
Access to Health
Activities: • Seek “seed” money to fund healthcare screenings and assessments (grants). (4) • Increase provider network awareness – resource guide/media.(4) • Awareness of and get parents/people to sign up for. (2) • Enhance Kid Care/Medicaid, financial aid enrollment. (2) • Increase primary and specialty care providers. • Availability of tech/equip e.g., digital mammogram, ultrasounds. • User friendly health information system • Reliable transportation.√ • Rotation of specialist. • Increase accountability to get people to proper resources.

- More involvement/investing of community in the healthcare system. Ex: boards, committees, fundraisers, benefits, activities and community voice.
- "One Stop Shop" and online as an access point for individuals to apply for insurance/health programs, including transportation to services.

Priority Issue: Substance Abuse

Goal: Reduce Substance Abuse/Tobacco use for adult and youth populations in Franklin County. Remove tobacco use is substance abuse, so just focus on substance abuse.

Objective 1: Implement an elementary students working against tobacco (SWAT) club by 6/30/2014. Re-word to "Implement a SWAT club for elementary students in Franklin County by 6/30/2014. Need to think through the parent and school board permission/approval issues.

Baseline Measure/Source: Florida Youth Tobacco Survey Need to cite data, however FYTS has data for middle and high school. Where is the elementary school data?

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Key Activities:

- Identify existing local SWAT clubs in Franklin County.
- Meet with principal/school directors to implement club.
- Meet with after school directors/Faith -Based to implement club.
- Identify additional SWAT advisor(s).
- Recruitment activities for elementary youth.
- SWAT sign up.

- 1st SWAT meeting.

Priority Issue: Substance Abuse					
Goal: Reduce Substance Abuse/Tobacco use for adult and youth populations in Franklin County.					
Objective 2: Provide education/information to local stakeholders about substance abuse issues, warning signs and referral options. This is not a SMART objective. Need to re-work; answer the question "What do you want to see/have?"					
Baseline Measure/Source: Will need to develop baseline for teaching purposes. Need to cite data & source.					
Key Activities	**Lead Role & Community Resources**	**Target Date for Completion**	**Status of Progress**	**Evaluation Measure**	**Evaluation Results**

Key Activities:

- Identify local stakeholders (e.g. school officials/teacher, police, court officials, employers, businesses, workforce board, Faith-based, etc.)

- Research educational materials to develop substance abuse information guide.
- Disseminate to local stakeholders via presentations, handouts, one-on-one meetings, etc.

TEAM MEMBERS: Richard McLean, Sarah Hinds, Lee Ellzey, David Walker

Substance Abuse
Activities:

- Youth education – beginning at 10-12 years old, include parents (Evidence-based).(5)
- Expanding SWAT type program to elementary age children – implement substance abuse helpline. (2)
- Educate local educators and professionals and courts to recognize warnings signs and about referral options.(2)
- Funding source. (1)
- Implement stress education/management in schools K-12(activities too). (1)
- Drug sweep randomly in schools. (1)
- Referral system.
- Case management (follow up).
- Using local media.
- Qualified substance abuse counselors.

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Appendix 2: CHIP Workshop 2 – May 29, 2013

Email to workshop participants

Hello!

Attached please find the work developed at the May 16th workshop for our Community Health Improvement Project (CHIP). These 3 Action Plans will be further refined at our May 29 workshop.

Before we meet on May 29, please review the Action Plan on which you worked during our last session. Please begin to fill in the details for the Baseline Measure/Source, Activities, Lead Role & Community Resources, and Evaluation Measures. We will share the results of this pre-work in our session and finalize the Action Plans.

Remember to bring your data folder, in case we need additional information.

DATE: May 29, 2013 (Wednesday)

LOCATION: Florida Department of Health in Franklin County **NOTE**: This meeting location is different from the last 2 workshops.

139 12th Street

Apalachicola, FL 32320
TIME: 10:00am-3:00pm

If you have any dietary restrictions, let Gina Moore know (gina_moore@doh.state.fl.us), as we will have a working lunch.

Thank you again for all your hard work. Your continued support and dedication to this project makes us successful. See you May 29th!

CHIP Workshop 2 Participants

Florida Department of Health in Franklin County
Community Health Improvement Project
CHIP Session 2
May 29, 2013 Sign-In Sheet

Name/Title	Organization
April Landrum, Program Supervisor	Apalachee Center
Calandra Portalatin	Big Bend Area Health Education Center
Vanessa Edenfield, School Health Coordinator	Florida Department of Health – Franklin County
Susan Hoffritz, Dental Assistant	Florida Department of Health – Franklin County Dental Clinic
Teresa Howard, Environmental Specialist	Florida Department of Health – Franklin County
Marsha Lindeman	Florida Department of Health – Franklin & Gulf Counties
Gina Moore, Tobacco Prevention Specialist	Florida Department of Health – Franklin County – Tobacco
Talitha Robinson, Administrative Assistant	Florida Department of Health – Franklin County Tobacco
David Walker	Florida Department of Health – Franklin County
Sandi Hengle	Franklin School District
Lee Ellzey	Gulf Coast Workforce Board
Dr. Lois Mendez Catlin	Phoenix Family Health Care
Paulina Pendarvis	Sacred Heart Medical

CHIP Workshop 2 Agenda

Franklin County Community Health Improvement Plan 2013
Wednesday – 10:00am-3:00pm
Florida Department of Health in Franklin County
139 12th Street
Apalachicola, FL 32320

May 29, 2013 Agenda

10:00am – 10:15am	**Introductions** **Workshop Logistics Review**
10:15am - 10:45am	**Workgroup Assignments** Participants will be self-assigned to an Action Plan workgroup and review & refine the *GOAL* and *OBJECTIVE*. Workgroups will also identify the baseline data and source for each *OBJECTIVE*.
10:45am – 11:00am	**Group Review** • Workgroups will review each other's work and provide feedback.
11:00am – 11:45am	**ACTIVITIES for Action Plan** • Each workgroup will identify the *ACTIVITIES* for each *OBJECTIVE* in their Action Plan.
11:45am-12:15pm	**Working Lunch** (Lunch provided & networking)
12:15pm – 12:45pm	**ACTIVITIES for Action Plan (continued)** • Each workgroup will identify the *ACTIVITIES* for each *OBJECTIVE* in their Action Plan.
12:45pm-1:15pm	**Group Review** • Workgroups will review each other's work and provide feedback.

1:15pm – 2:00pm	**Action Plan Completion**
	• For each *OBJECTIVE* in their Action plan, workgroups will identify:
	  • Lead Role & Community Resources
	  • Target Date for Completion
	  • Evaluation Measure.
	  • NOTE – the Action Plan will end with measuring against the baseline measure to determine impact/success

2:00pm – 2:15pm	**Group Review** • Workgroups will review each other's work and provide feedback.
2:15pm – 2:45pm	**Action Plan Final Revision** • Based on feedback, workgroups will finalize their Action Plan(s).
2:45pm – 3:00pm	**Community Health Improvement Plan Workshop Summary** **Next Steps**

A Community Health Improvement Plan (CHIP) has been defined as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community
health improvement process."

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:
Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.
Measurable outcomes include units for counting, which determines quantity and comparison.
Achievable outcomes are feasible, reasonable and actionable.
Realistic outcomes add value or contribute to the accomplishment of the goal.
Time limited means there is a deadline(s) for completion.

Example:
Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:
1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

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CHIP WORKSHOP 2 SUMMARY NOTES

Notes: Group decided not to pursue for this CHIP session based on resources.

Priority Issue: Child Health					
Goal: Improve child health in Franklin County.					
Objective 2: Increase percentage of students in 1st and 3rd grades to a BMI within normal limits (5-84%) by 12/30/16.					
Baseline Measure/Source: Promote healthy eating habits and physical activity in schools and community (school based, primary care providers).					
Key Activities	**Lead Role & Community Resources**	**Target Date for Completion**	**Status of Progress**	**Evaluation Measure**	**Evaluation Results**
Seek support from the existing school Health Advisory committee (add goal/issue to their existing mission – agenda).	• Vanessa Edenfield (Lead) • School Health Advisory Committee	12/31/13			
If school Health Advisory committee not agreeable, form new committee.	• School Health • Primary Care Physicians • Afterschool Care/Programs • Parents • Health /Fitness Organization (Gym)	6/1/14			
Research available evidenced-based programs (must have both healthy eating and physical activity components to utilize BMI	• Committee • School Health Advisory Board				

for measures; Healthy people, healthy communities. Robert Wood Johnson Foundation. NACCHO. American Association of Preventive Medicine.					
Establish selection criteria to include; Curriculum. Funding. Staffing.	• Vanessa Edenfield (Lead) School Health Advisory Committee				
Develop implementation plan.	• Vanessa Edenfield (Lead) School Health Advisory Committee				
Implement; Evaluate program. Revise for future implementation. Develop new implementation plan. Implement to wider population.	• Vanessa Edenfield (Lead) School Health Advisory Committee				
Evaluate.					

Goal: Improve child health in Franklin County.
Sources: HMS. AHCA, CDC
Objective: • Increase the percentage of overweight and obese students whose BMI is 85% and greater to a BMI of 5-84% (within normal limits) by 12/30/16.
*Measurements will be derived from 1st and 3rd grade students from school year 2013/2014.
Baseline: 30% of school year 2012/13 1st graders are overweight/obese greater than 85% BMI. • 52.2% of 3rd graders school year 2012/2013 are overweight/obese greater than 85% BMI.
Goal: Improve child health in Franklin County.
Sources: ACHA, HMS
Objective 2: Increase the number of dental visits for Medicaid eligible children age 6 months – 20 years by 55% by 12/30/15.

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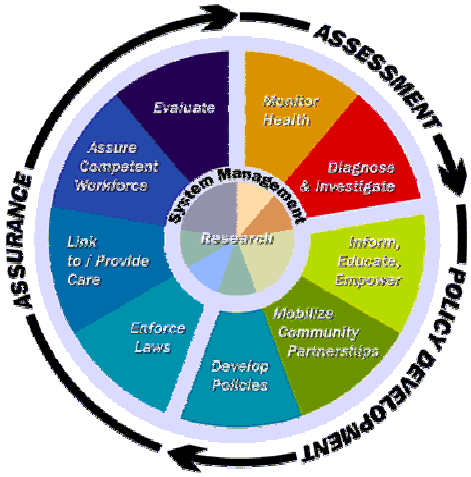

From: http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.